

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS448AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/01/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>REGENCY PALMS MEMORY CARE 1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4025 SOUTH PEARL STREET LAS VEGAS, NV 89121</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  This Statement of Deficiencies was generated as a result of the annual State Licensure survey conducted in your facility on 8/1/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for 36 Residential Facility for Group beds for Alzheimer residents, Category II. The census at the time of the survey was 14. Thirteen resident files were reviewed and 7 employee files were reviewed.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  The following regulatory deficiencies were identified:	Y 000		
Y 444 SS=F	449.229(9) Smoke Detectors  NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.  This Regulation is not met as evidenced by: Based on record review, the facility failed to test smoke detectors on a monthly basis.  Findings include:  The smoke detector log provided by the	Y 444		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 444	Continued From page 1  maintenance director indicated that the smoke detectors were tested on 5/1/08. There was no other documented evidence that the smoke detectors were tested every month as required.  Severity 2 Scope 3.	Y 444			
YA895 SS=D	449.2744(1)(b) Medication/MAR  NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.  This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure medication records are maintained for 2 of 13 residents.  Findings include:  Resident #3  Tylenol 325 mg bottle was in the residents	YA895			

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YA895	Continued From page 2  medication bin, however there was no record in the residents MAR for an order for the medication.  Resident #12  Loratadine 10mg bottle was in the residents medication bin, however no order or record was in the MAR.  Severity 2 Scope 1.	YA895			
YA922 SS=D	449.2748(3)(a,b) Medication Labeling  NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered.  This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure medications for 1 of 13 residents are properly labeled.  Findings include:  The medication administration record (MAR) for Resident #13's revealed that the following medications being administered were not labeled with the residents name or indication for use:	YA922			

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YA922	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>- Naproxen 220 mg three times a day (as indicated in the MAR) had no label on the bottle.</li> <li>- Mucinex 600 mg two times a day had no label on the bottle.</li> <li>- Visine no label on the bottle or package.</li> </ul> <p>Severity 2 Scope 1.</p>	YA922			

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